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NO. 476 P. 1



FACSIMILE COVER SHEET

March 19, 2007

Receiver: Central Fax Number/Examiner Michael H. Thaler
USPTO

TEL #:

FAX #: 571-273-8300

Sender: Mary Terry, Patent Secretary for Dean E. Wolf

Our Ref. No.: MSKTP001

Your Ref.: 10/644,601

Re: Response to Restriction Requirement

Pages Including Cover Sheet(s): 4

FAX CONTENTS:

Fax Cover Sheet – 1 page

Response to Restriction Requirement – 2 pages

Amendment Transmittal – 1 page

MESSAGE:

CONFIDENTIALITY NOTE

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NO. 476 --P. 2--

MAR 19 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Masket

Attorney Docket No.: MSKTP001

Application No.: 10/644,601

Examiner: Michael H. Thaler

Filed: August 20, 2003

Group: 3731

**Title: METHOD AND APPARATUS FOR
PERFORMING AN ACCURATELY SIZED
AND PLACED ANTERIOR CAPSULORHEXIS**

CERTIFICATE OF FACSIMILE TRANSMISSION:
I hereby certify that this correspondence is being transmitted by
facsimile to the United States Patent and Trademark Office,
Commissioner for Patents, Attn: Examiner Thaler, Fax No. (571)
273-8300, Alexandria, VA 22313-1450 on: March 19, 2007

signed: Mary Terry
Mary Terry

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

| | Claims After Amendment | | Highest Previously Paid For | Present Extra | Small Entity Rate Fee | Large Entity Rate Fee |
|--|------------------------------|-------|-----------------------------------|------------------|--------------------------|--------------------------|
| Total Claims | 18 | MINUS | 20 | 00 | x 25 = | x 50 = |
| Independent Claims | 3 | MINUS | 3 | 00 | x 100 = | x 200 = |
| Multiple Dependent Claim Present and Fee Not Previously Paid | | | | | | |
| | | | | Total | \$ | \$0 |

Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.

Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. MSKTP001).

Respectfully submitted,
BEYER-WEAVER LLP

Dean E. Wolf
Reg. No. 37,280

P.O. Box 70250
Oakland, CA 94612-0250

MAR. 19. 2007 4:53PM 5106630920

NO. 476 P. 3

MAR 19 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Masket

Attorney Docket No.: MSKTP001

Application No.: 10/644,601

Examiner: Michael H. Thaler

Filed: August 20, 2003

Group: 3731

Title: METHOD AND APPARATUS FOR
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Commissioner for Patents, Attn: Examiner Thaler, Fax No. (571)
273-8300, Alexandria, VA 22313-1450 on: March 19, 2007
Signed: Mark Terry

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 2, 2007, please amend the above-identified patent application as follows:

Remarks/Arguments begin on page 2 of this paper.

10/644,601

1

Atty Docket No.: MSKTP001